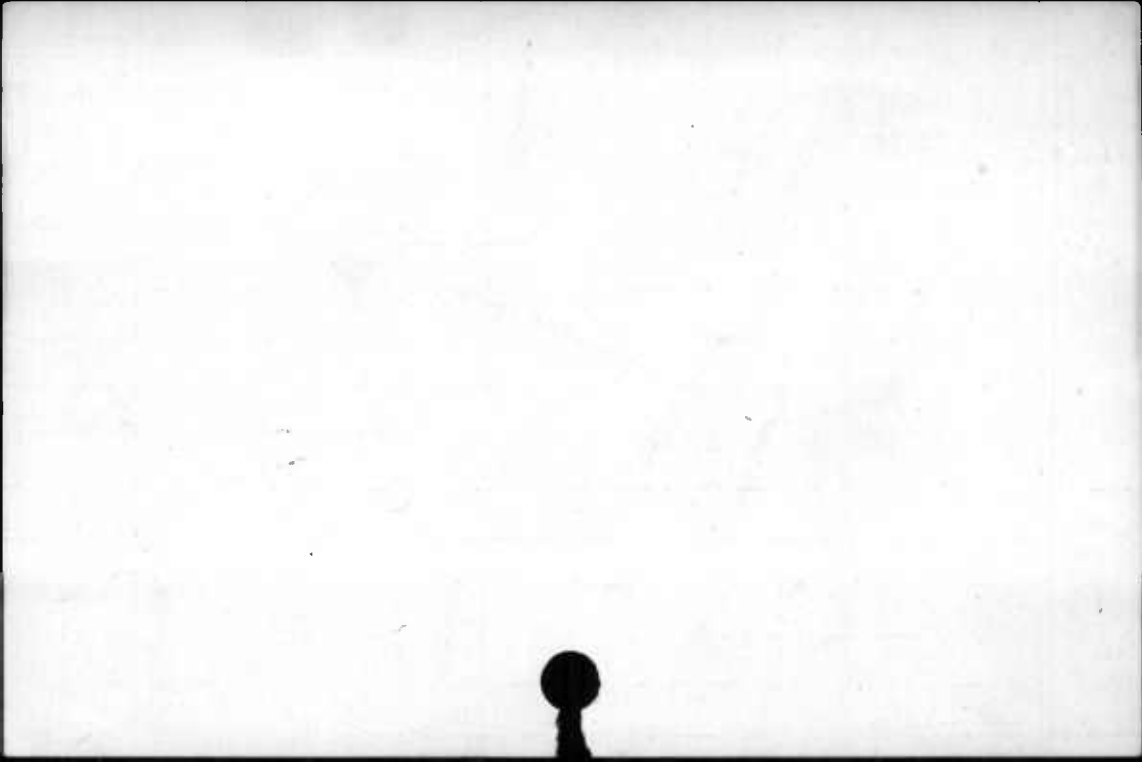


Name in Full		Charles E. Baden				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Heanville		Prince George										
	Date of death	1906	Month	April	Day	9	Age	Years	11	Months		Days	
	Sex	Male		Color or Race	White		Birth-place	Prince Geo. Co. Md					
	Occupation						Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband									
	Father's Name	Charles P. Baden					Father's Birthplace	P. G. Co. Md					
Mother's Maiden Name	M. J. Murphy					Mother's Birthplace	Ches Geo Md						
Name of person giving information	Charles Murphy					How related to deceased	Uncle						
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary					How long							
	Immediate					A. fundicilis		How long		12 hours			
	Are the name, age, sex, color, date and place correctly given above?					Yes		Signature of Physician		J. O. Minnery			
						Address		Waldorf		T Md			
	Accident or Suicide?												



Name
in
Full

Robert Francis Bell

CERTIFICATE OF DEATH

MARYLAND

Died at Rosecroft

Town

Pr. Geo.

County

Date

of death 1906

Month

3

Day

1

Age

Years

—

Months

2

Days

19

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert H. Bell

Father's
Birthplace

Md.

Mother's
Maiden Name

Florence E. Bell

Mother's
Birthplace

"

Name of person giving
In formation

R. H. Bell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Myocardium -

151

How long

2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

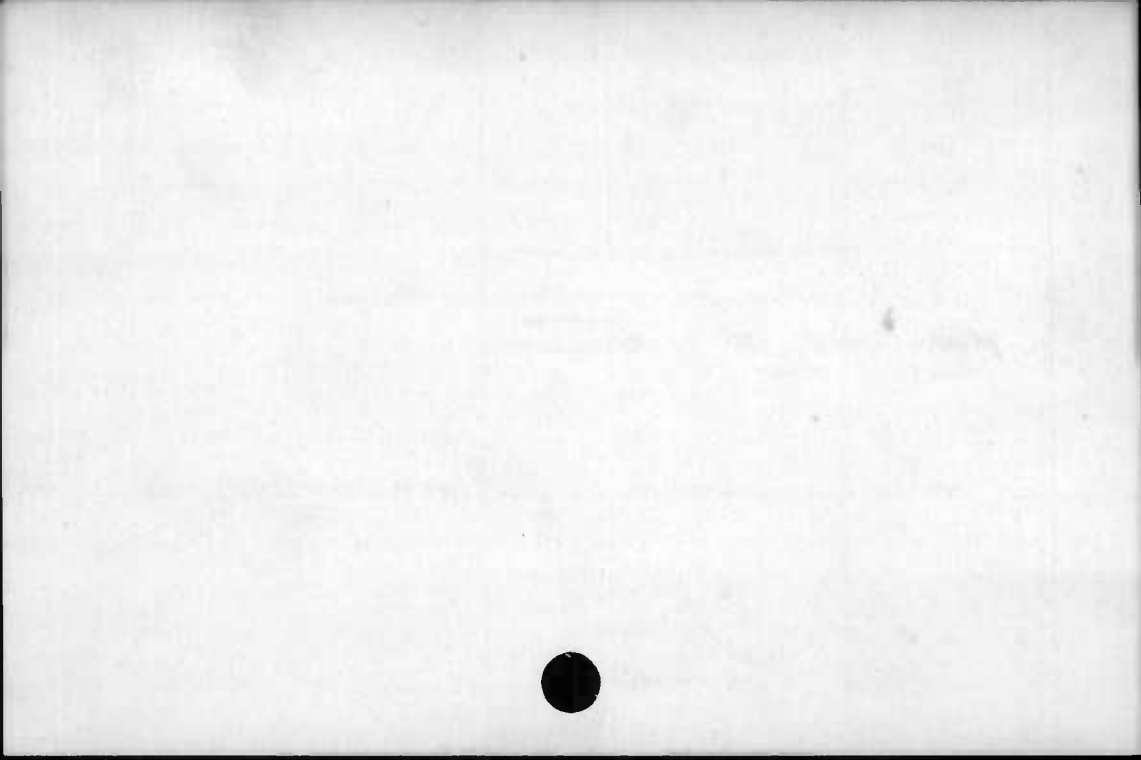
Signature of
Physician

Address

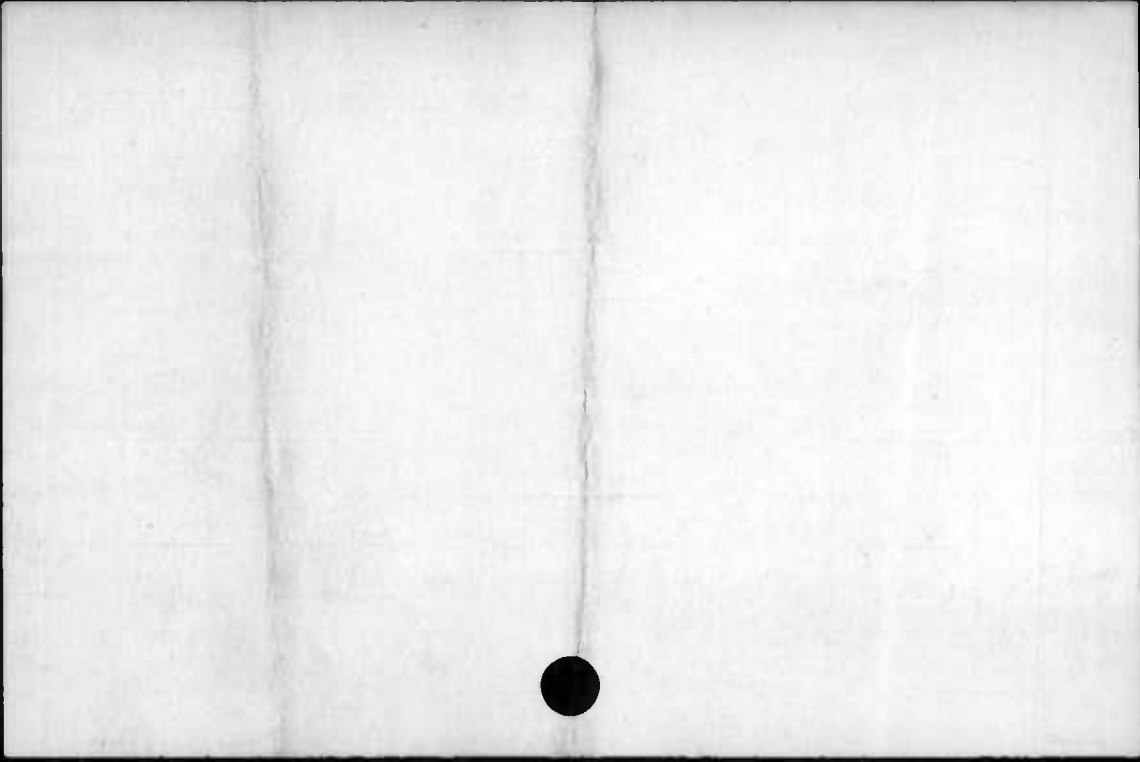
E. P. Simpson, M.D.
Rosecroft, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Town		County		State	
		Died at		Pr. Sec.		MARYLAND	
		Date of death	Month	Day	Years	Months	Days
		1906	3	19	65 (?)		
		Sex	Male	Color or Race	Colored	Birthplace	Md.
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death			
		Farmer					
		Married, Male	Name of Wife or Male				
		Margaret Brown					
		Father's Name				Father's Birthplace	
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		Elizabeth Dorsey		Daughter			
PHYSICIAN OR CORONER		CAUSES OF DEATH					
		Primary		Pneumonia		(93)	
		How long		3 days			
		Immediate		Same			
		How long					
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		Yes			
		Signature of Physician		E. P. Simpson M.D.			
		Address		Rosecroft, Md.			



Name in Full

Certificate of Death

Mary Agnes Jones Brown

Town

County

Died at Queen Anne

Prince Georges

MARYLAND

Date 1906 Month 3rd Day 27th Y. M. D. Age 26 Native of Md. Occupation Housewife

~~Male~~ ~~Widow~~ Married ~~Widow~~ Divorced

Female Colored ~~Single~~ Widower Number of children living 3

Husband of Thomas Brown

Wife

Father's Name John Shepherd, Mother's Name Henrietta Jones

Cause of Death { Primary Retained products of Conception
Septicaemia
Immediate Exhaustive.

How long sick 3 days.

Accident, Suicide, Homicide

Reported by J. F. R. Dufour M.D.

Address Halls, Md.

137

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Mary Annie Brown

3/16/1906 p.c.

Town

County

Died at Queen Anne

Prince Georges

MARYLAND

Date 1906 Month Mch. Day 15 Age 2 hours Y. M. D.

Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Thomas Brown

Mother's Name Mary Agnes Brown

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by Thomas Brown

Address Hardesty, Md.

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Brown

CERTIFICATE OF DEATH

MARYLAND

Died at *Upper Marlboro* Town*Prince George's* CountyDate of death *1906* Month *March* Day *30*Age *20* Years

Months _____ Days _____

Sex *Male*Color or Race *Black*Birth-place *Maryland*Occupation *Laborer*Where Residing if not at place of death *Room Leland*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Henry Brown*Father's Birthplace *Ind*Mother's Maiden Name *Marlot Beall*Mother's Birthplace *Ind*Name of person giving information *Walter Brown*How related to deceased *Grandfather*

CAUSES OF DEATH

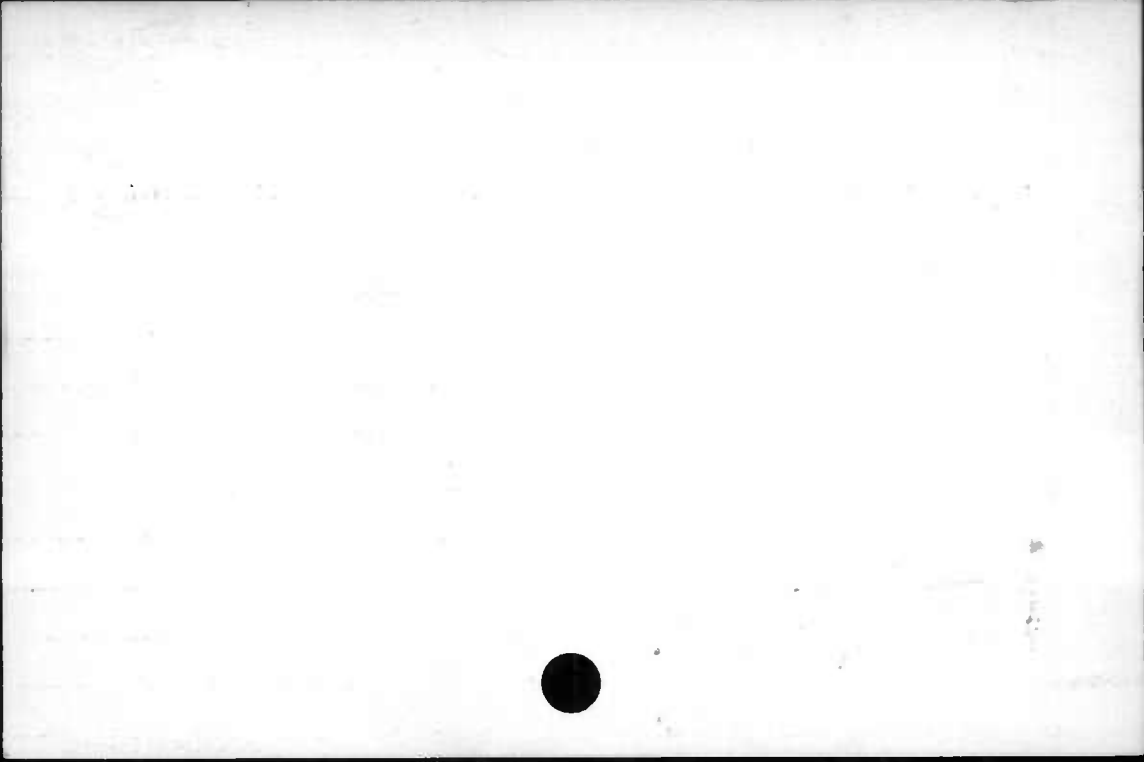
Primary *Accident*

How long

Immediate *Shock from internal injuries*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. Alfred Riddle, Coroner*Address *Upper Marlboro,*Accident or Suicide? *Accident*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Laurel</i>		Town <i>Laurel</i>		County <i>Prince Georges</i>			
Date of death <i>1906</i>		Month <i>March</i>		Day <i>31st</i>		Years <i>61</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hanna Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Laurel</i>					
Married, Single <i>Y</i>		Name of Wife or Husband <i>Rhoda Taylor</i>					
Father's Name <i>Edward Browning</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Wesley</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Elizabeth Browning</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>1 year</i>
Immediate <i>As the mca</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Smith</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

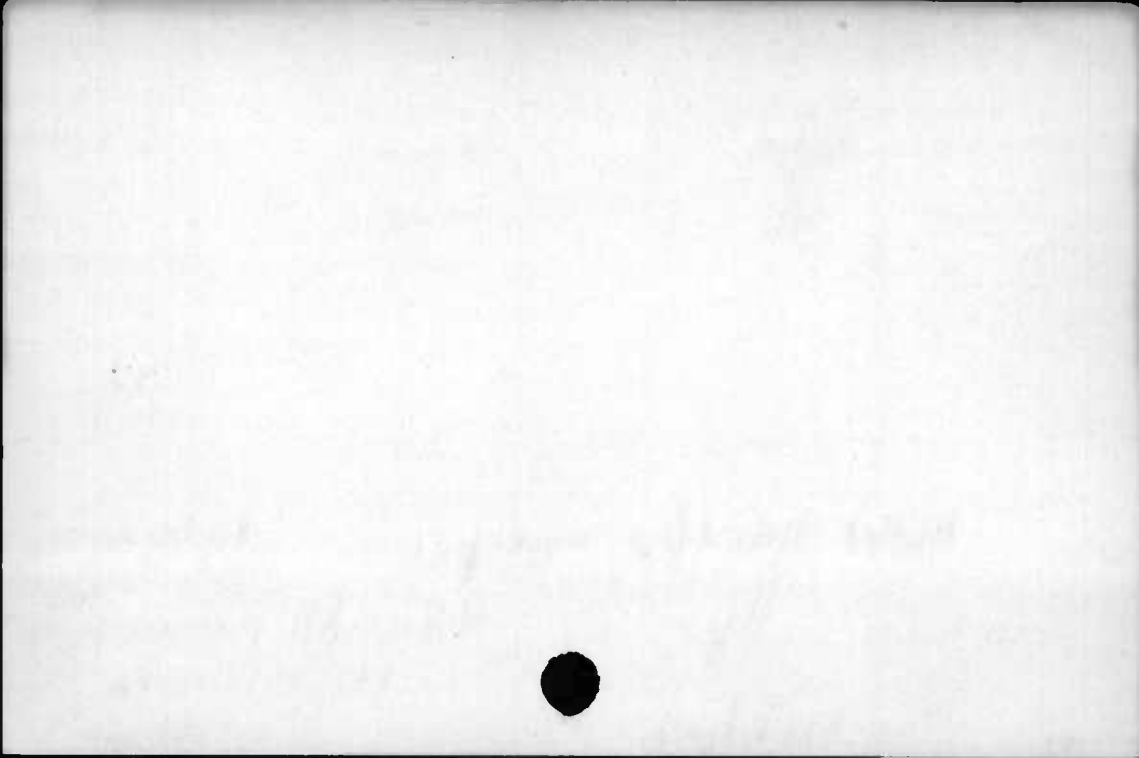
MARYLAND

Name *Charles Burges* Town *Clinton* County *P.G.*
Died at
Date of death *1906* Month *March* Day *5th* Age *62* Years Months Days
Sex *Male* Color or Race *Beach* Birth-place *Ind*
Occupation *Trucking* Where Residing if not at place of death *P.G. Co. Ind*
Married, Single or Widowed *Single* Name of Wife or Husband *Rebecca Burges*
Father's Name *Leckward* Father's Birthplace *Ind*
Mother's Maiden Name *"* Mother's Birthplace
Name of person giving information *Rebecca Burges* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *5 min*
Immediate *Exhaustion* How long *50 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. L. Wank*
Address *Clinton Md.*
Accident or Suicide?



Name
in
Full

Philip H. Butler

CERTIFICATE OF DEATH

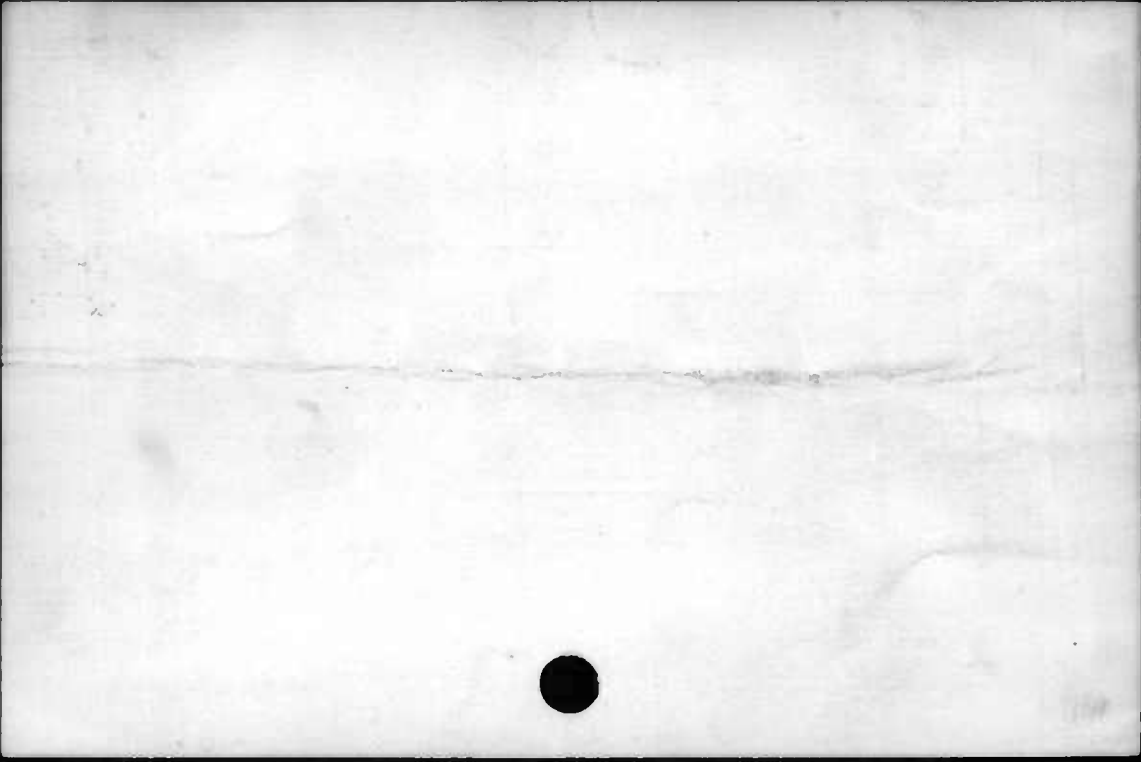
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville Maryland ^{County} Prince George		MARYLAND									
Date of death	1906	Month	March	Day	1	Age	Years 75	Months		Days	
Sex	Male		Color or Race	White		Birth-place	Philadelphia Pa				
Occupation	Retired		Where Residing if not at place of death								
Married, Single or Widowed	Widowed		Name of Wife or Husband Katherine Butler								
Father's Name	Leahuel Butler		Father's Birthplace		Pennsylvania						
Mother's Maiden Name	Mary Louisa Bates		Mother's Birthplace		"						
Name of person giving information	Mrs. Lehas Walter		How related to deceased		Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Insufficiency & failure	How long	10 years
Immediate	" failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Isaac W. Baumer
		Address	Hyattsville Md
Accident or Suicide?	Neither		



Name
in
Full

Daniel Carson

CERTIFICATE OF DEATH

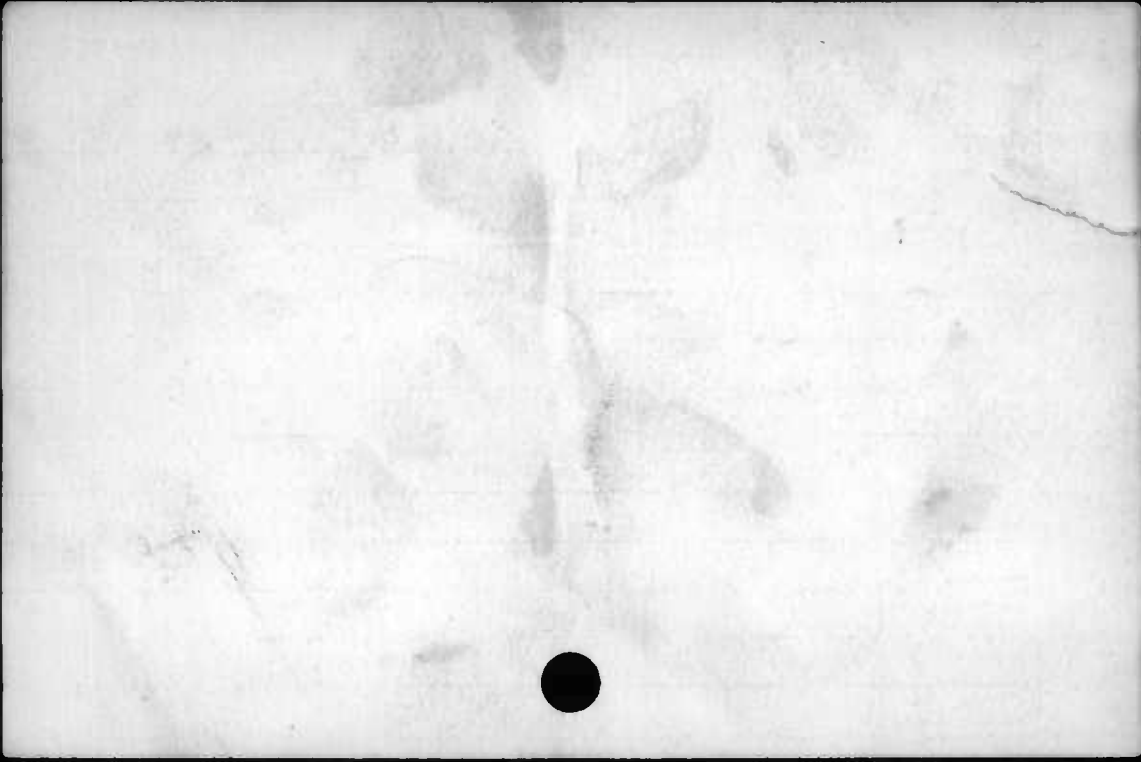
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Branchville</i>		Town <i>Branchville</i>		County <i>Prince George</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>2</i>	Years <i>69</i>	Months <i>3</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>				
Occupation <i>Watchman. Ex. Dept</i>			Where Residing if not at place of death <i>Branchville</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Sarah L. Johnson</i>				
Father's Name <i>John Carson</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary E. Hyatt</i>			Mother's Birthplace <i>New York State</i>				
Name of person giving information <i>Herbert Roby</i>			<i>(145)</i>		How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Healing sore on the trunk of leg due to</i>	How long <i>About ten days</i>
<i>Acute Cerebral Inflammation</i>	How long <i>Seven days</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>
Signature of Physician <i>C. A. Hoof</i>	Address <i>Branchville</i>
Accident or Suicide?	<i>Prince George County</i>



Name
in
Full

Caroline Matilda Chaney

CERTIFICATE OF DEATH

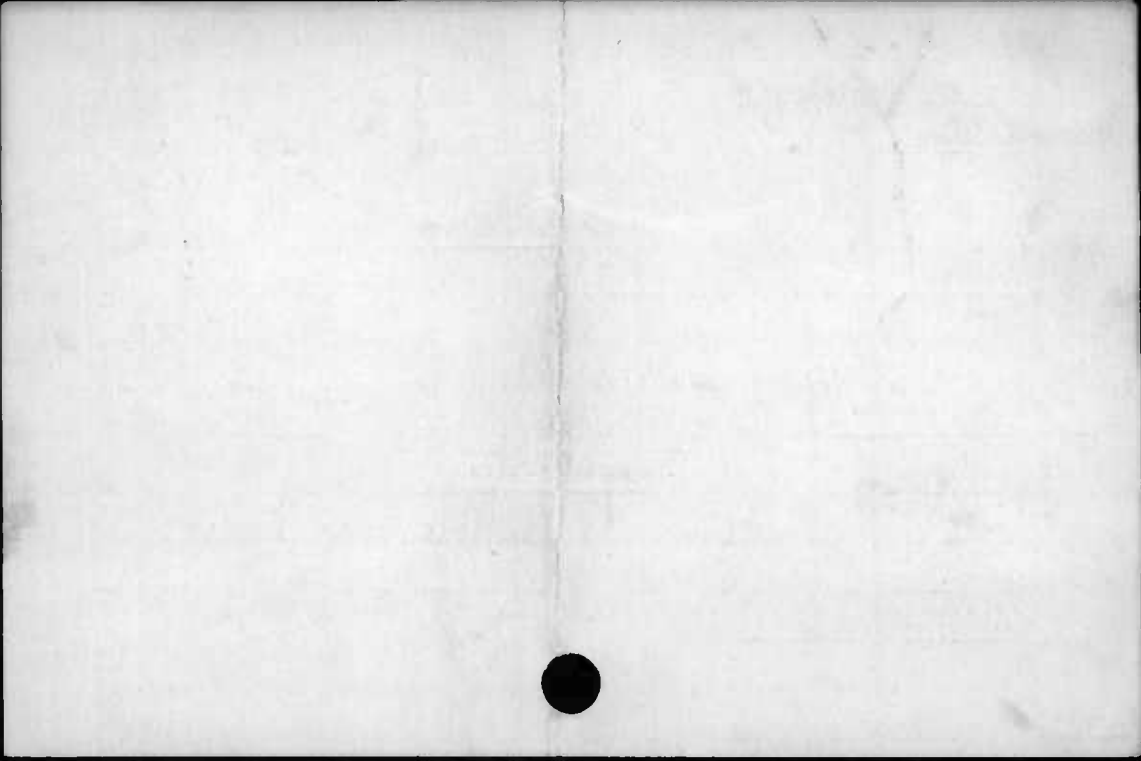
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowie</i> Town		<i>P. G. Co.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>4</i>	Age <i>69</i>	Months <i>0</i>	Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Summerville P. Chaney</i>			
Father's Name <i>Richard Carrick</i>			Father's Birthplace <i>P. G. Co. Md.</i>		
Mother's Maiden Name <i>Sarah Ann Hardy</i>			Mother's Birthplace <i>P. G. Co. Md.</i>		
Name of person giving information <i>Isabel Chaney</i>			How related to deceased <i>Daughter-in-law.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Heart & Chancere</i>	How long <i>Two years</i>
Immediate <i>Apoplexy</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. D. Small</i>
	Address <i>Springfield, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>C. Springs</u> Town <u>P.R.</u> County			
Date of death <u>1906</u> Month <u>March</u> Day <u>6</u> Age <u>6</u> Years <u>6</u> Months <u>2</u> Days <u>2</u>			
Sex <u>Male</u> Color or Race <u>Ethiopian</u> Birthplace <u>Ind</u>			
Occupation <u>Nursing</u> Where Residing if not at place of death <u>P.R. Co - Ind</u>			
Married Single or Widowed Name of Wife or Husband <u>W</u>			
Father's Name <u>James Clark</u> Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Lizzie Baker</u> Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>James Clark</u> How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Unknown</u> (179)	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Weaver</u>
	Address <u>Clinton Md.</u>
Accident or Suicide? <u>—</u>	

No physician with
her, that I know of
J. L. W.

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

R.O. H. O. 9
Don. Dec 2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Benjamin Franklin Crabb		Town		Prince George		County		MARYLAND	
Date of death		1906		Month		Mar		Day		4	
Age		70		Years		Months		Days			
Sex		Male		Color or Race		White		Birthplace		Crummetsburg, Md	
Occupation		Miller		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Eliz. Crabb					
Father's Name				Father's Birthplace							
Mother's Maiden Name				Mother's Birthplace							
Name of person giving information		Mrs. J. Baldwin		How related to deceased		None					

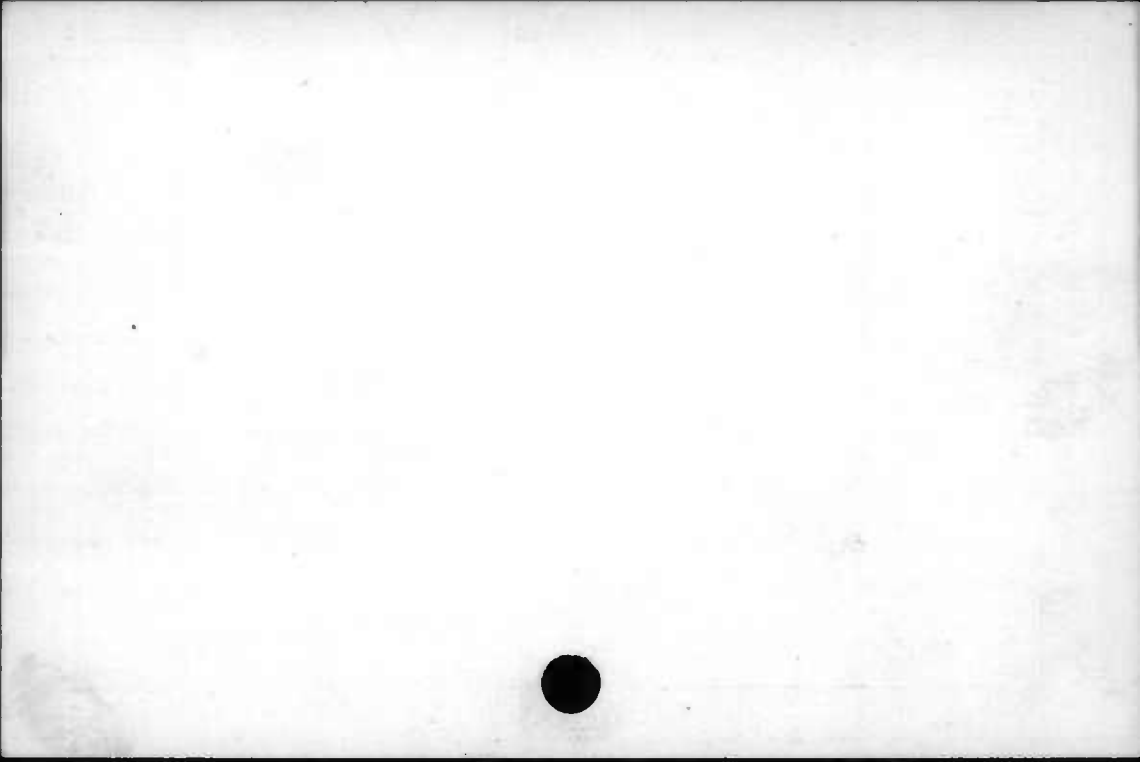
CAUSES OF DEATH

Primary	Nephritis.	How long	1 year
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	

R. C. Harley.
Laurel, Md



Name in Full		Silly Fonger				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Murburk		County		Prine George
	Date of death		1906	Month	March	Day	3
	Age		23		Years		Months
	Sex		Female		Color or Race		Colored
	Occupation		House Wife		Birth-place		Murburk
	Married, Single or Widowed		Hedone		Where Residing If not at place of death		Murburk
	Name of Wife or Husband		Sidney Fonger				
	Father's Name		Maschack, Conaway		Father's Birthplace		Virginia
Mother's Maiden Name		Caroline Thornton		Mother's Birthplace		Virginia	
Name of person giving information		Richard Brewer		How related to deceased		Brother Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long
	Immediate						1 year
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. R. Smith
					Address		Laurel Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

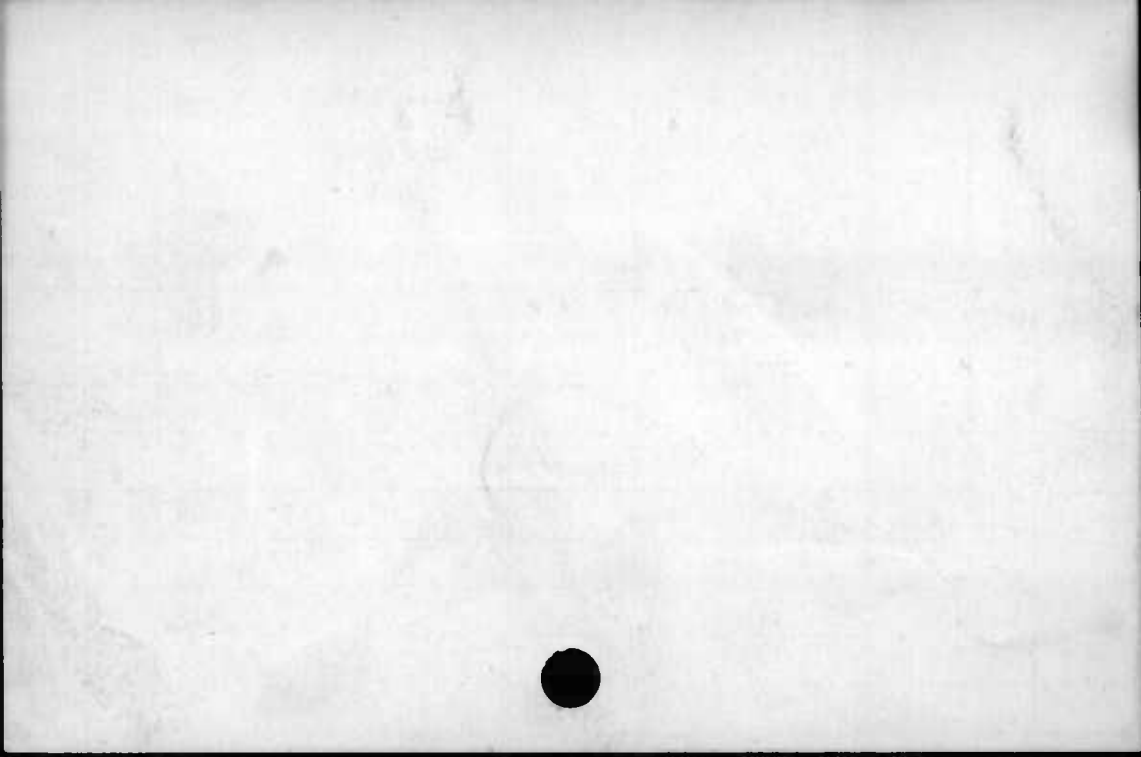
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodburne</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>March</i>	Day	<i>6</i>	Years	<i>40</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>P. G. Co. Ind.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Marrison Fletcher</i>			
Father's Name						Father's Birthplace	<i>P. G. Co. Ind.</i>
Mother's Maiden Name	<i>Fannie Fletcher</i>					Mother's Birthplace	<i>P. G. Co. Ind.</i>
Name of person giving information	<i>Richard Jones</i>					How related to deceased	<i>brother-in-law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Pulmonary</i>	How long	<i>10 months</i>
Immediate	<i>Apoplexy</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Wm. M. Owsal</i>		
Address	<i>Springfield Mass.</i>		
Accident or Suicide?	<i>No</i>		



Name
in
Full

Susan A. Gleason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hyattsville		County Prince George		MARYLAND	
Date of death	1906	Month March	Day 26	Age	61	Years	Months 2
Sex	Female		Color or Race	White		Birth-place	Danville N.Y.
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Wellington Gleason			
Father's Name	Wm. Libby					Father's Birthplace	Corra
Mother's Maiden Name	Wm. E. Greene					Mother's Birthplace	Unknown
Name of person giving information	Wm E Gleason					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	Ten days
Immediate	Exhaustion	How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		Address	
Accident or Suicide?		Address	



Name
in
Full

Pius Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Woodmore		Prince George		MARYLAND							
Date of death		1906	Month	March	Day	3	Age	Years	1	Months	8	Days	—
Sex		Male		Color or Race		Colored		Birth-place		Maryland			
Occupation				Where Residing if not at place of death				—					
Married, Single or Widowed				—				Name of Wife or Husband				—	
Father's Name				Clem Hamilton				Father's Birthplace				Maryland	
Mother's Maiden Name				Mollie Parker				Mother's Birthplace				Maryland	
Name of person giving information				Clem Hamilton				How related to deceased				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	2 weeks.
Immediate	Tachycardia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. A. R. Walker	
Address		Halls, Md.	
Accident or Suicide?		—	



Name
in
Full

Henry Hammond

CERTIFICATE OF DEATH

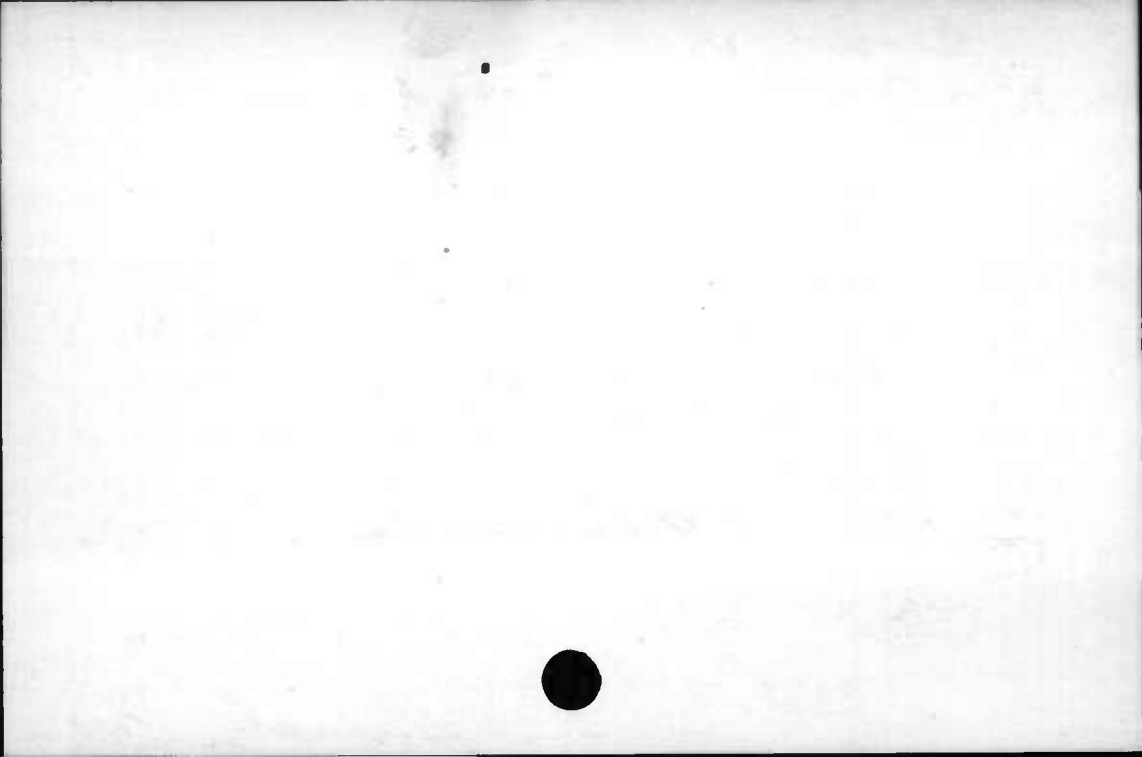
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ardenel</i> <small>Town</small>		<i>Pt George</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>March</i> <small>Month</small>	<i>1</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rose Johnson</i>				
Father's Name <i>Allen Hammond</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Mary Alice Gruben</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>"</i>	<i>"</i>	<i>"</i>	How related to deceased <i>Mother</i>		

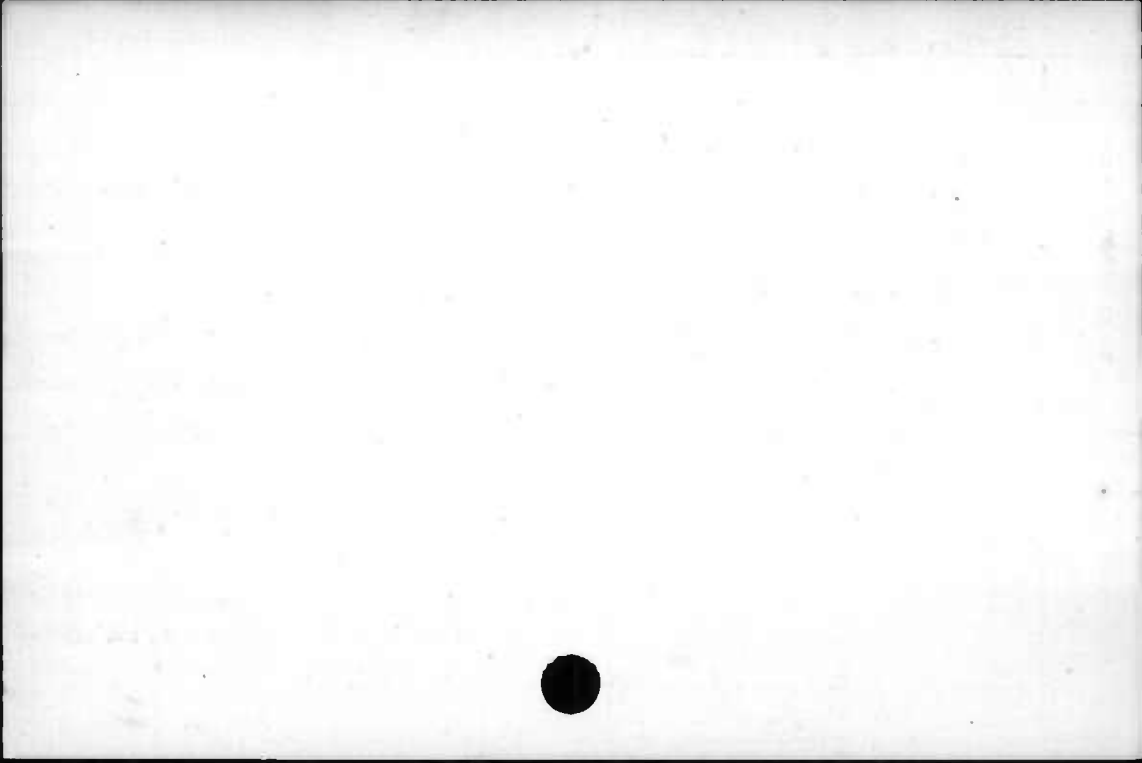
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La-Grippe</i>	How long <i>About 3 weeks</i>
Immediate <i>congestion of Lung</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Brown</i>
<i>Yes</i>	Address <i>Silver Spring</i>
Accident or Suicide?	



Name in Full		Elmer Harrison				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Laurel		County Prince George		MARYLAND		
	Date of death		1906	Month 3	Day 19	Age 1	Months 2	Days 2	
	Sex		Female		Color or Race		Black		
	Occupation		None		Birth-place		Laurel		
					Where Residing if not at place of death				
	Married, Single or Widowed		infant		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		William Harrison				Father's Birthplace		P. Y. Co.
	Mother's Maiden Name		Rosa Blue				Mother's Birthplace		Laurel
	Name of person giving information		Mother				How related to deceased		(92)
		CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Bronchitis Pneumonia				How long		5 days
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		R. P. Hurley
							Address		Laurel, Md.
		Accident or Suicide?							



Name
in
Full

James A Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>March</u> Day <u>18</u>		Age <u>6</u> Years		Months <u>6</u> Days	
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>_____</u>		Where Residing if not at place of death <u>Bowie</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Wm H Harrison</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Mary Fairfax</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Wm H Harrison</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mal nutrition</u>	How long <u>Since birth</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Nelson A Rogers</u>
	Address <u>Bowie</u>
Accident or Suicide? <u>no</u>	<u>md</u>



Name
in
Full

Elizabeth G Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Collington^{County} St. G.

MARYLAND

Date of death 1906 ^{Month} March

Day 29

Age ^{Years} 2

Months 2

Days 7

Sex Female

Color or Race

Colored

Birth-place

P. G. Co. Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

None

Father's Name

Frank H. Hawkins

Father's Birthplace

P. G. Co. Md.

Mother's Maiden Name

Ellen White

Mother's Birthplace

P. G. Co. Md.

Name of person giving information

Frank H. Hawkins

How related to deceased

Father

CAUSES OF DEATH

Primary

Epilepsy

How long

New drop

Immediate

no friends

How long

Are the name, age, sex, color, date and place correctly given above?

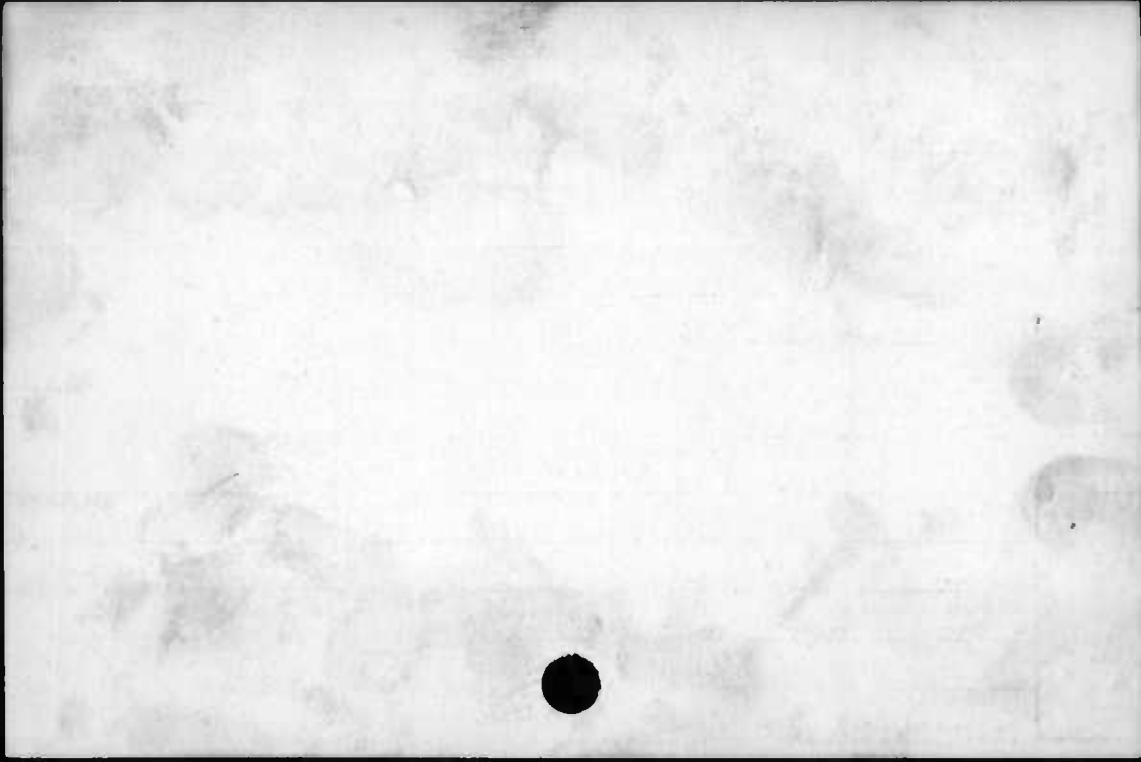
yes

Signature of Physician

Address

Dr. D. W. Hall M.D.
Springfield Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

William H. Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Bon L'ien* ^{County} *Rock* *Co*

Date of death 1906 ^{Month} *March* ^{Day} *21st* ^{Years} *35-* ^{Months} *"* ^{Days} *"*

Sex *Male* Color or Race *Black* Birth-place *Ind*

Occupation *Laburn* Where Residing if not at place of death *Bon L'ien*

Married, ~~Single~~ *Yes* Name of Wife or Husband *Susy Hebron*

Father's Name *Wm H Hebron* Father's Birthplace *Ind*

Mother's Maiden Name *Lucy Franklin* Mother's Birthplace *Ind*

Name of person giving information *Susy Hebron* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Labar Pneumonia* *(93)* How long *8 days*

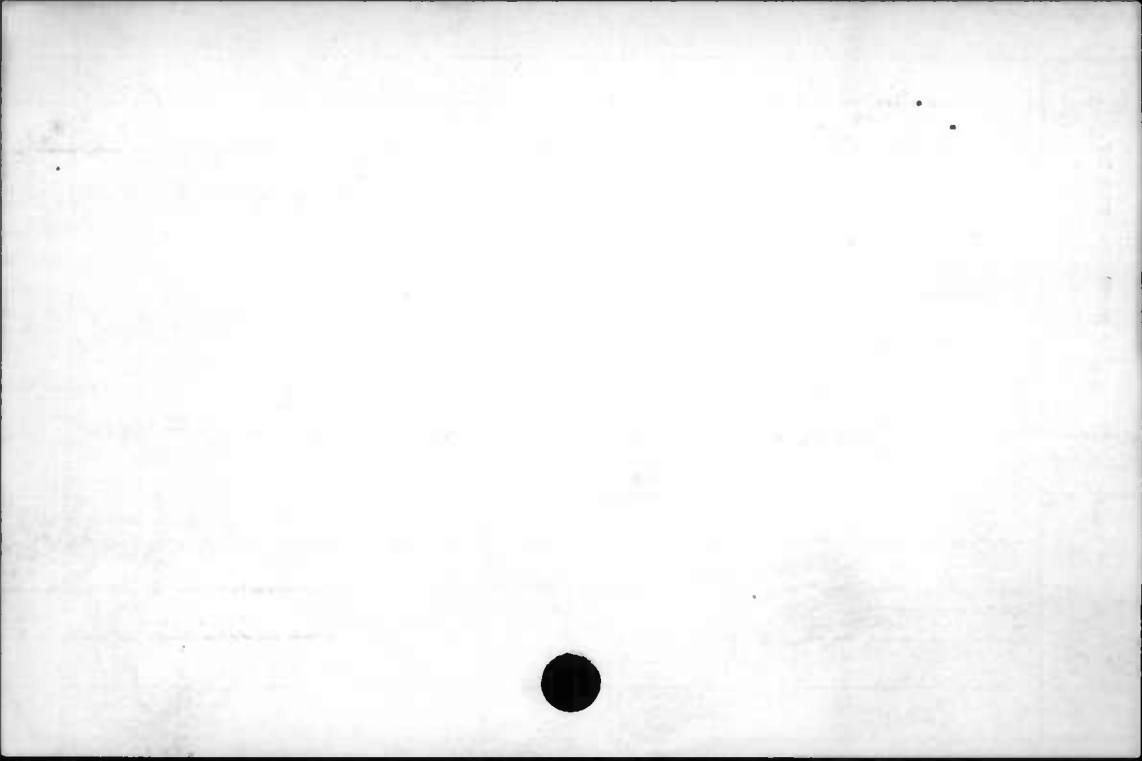
Immediate *Cardiac failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. F. Taylor*

Address *Laurel Md*

Accident or Suicide?



Name
in
Full

Beatrice Johnson

CERTIFICATE OF DEATH

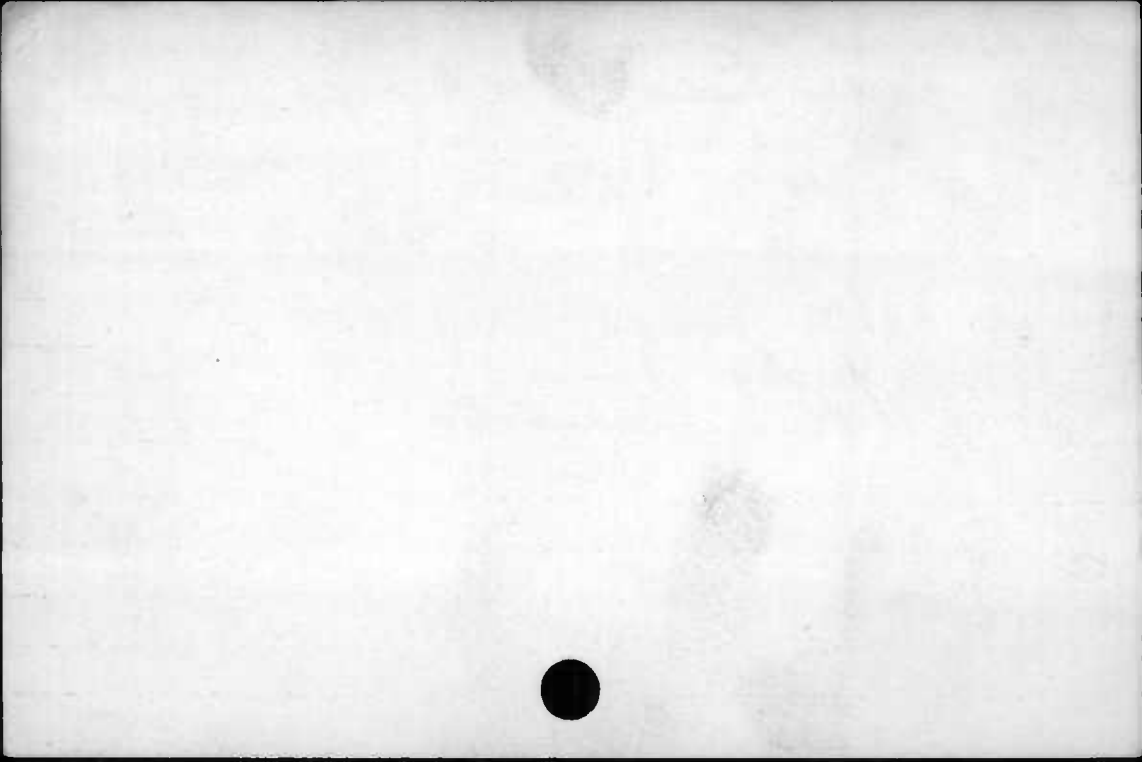
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frimont Heights</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>24</i>	Years <i>20</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>D. C.</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Waitress</i>				
Name of Wife or Husband <i>Stephenson Charles Cornish</i>					
Father's Name			Father's Birthplace <i>D. C.</i>		
Mother's Maiden Name <i>Mary Johnson</i>			Mother's Birthplace <i>Wa</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Jones M. D.</i>
		Address <i>Deerwood Heights</i>
Accident or Suicide?		<i>MD</i>



Name
In
Full

Leanna Jones.

CERTIFICATE OF DEATH

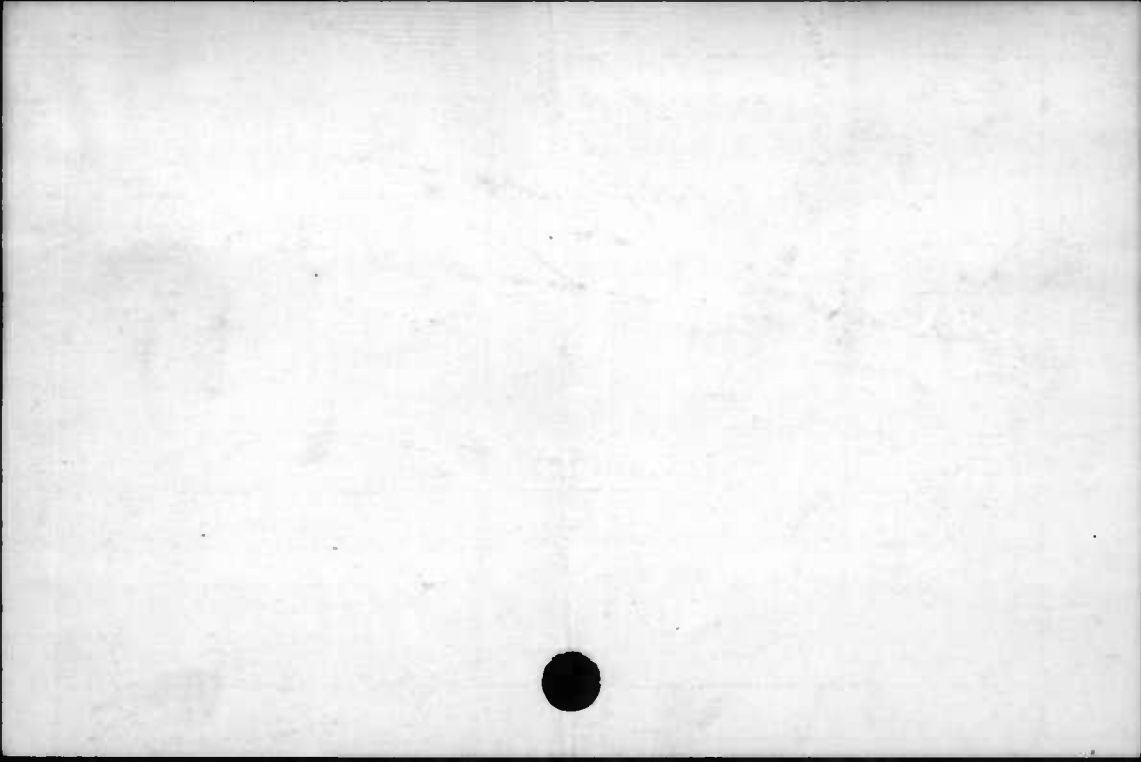
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beltsville</i> ^{Town}		<i>Pr. George</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar.</i>	Day <i>13</i>	Years <i>14</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mont. County</i>		
Occupation			Where Residing if not at place of death <i>Beltsville</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm. Jones</i>			Father's Birthplace		
Mother's Maiden Name <i>Jessie Jones</i>			Mother's Birthplace <i>Mont. Co.</i>		
Name of person giving information <i>Russ Lancaster</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. P. P. P.</i>
	Address <i>Laurel Md.</i>
Accident or Suicide?	



Name
in
Full

Rebecca Hendrick

CERTIFICATE OF DEATH

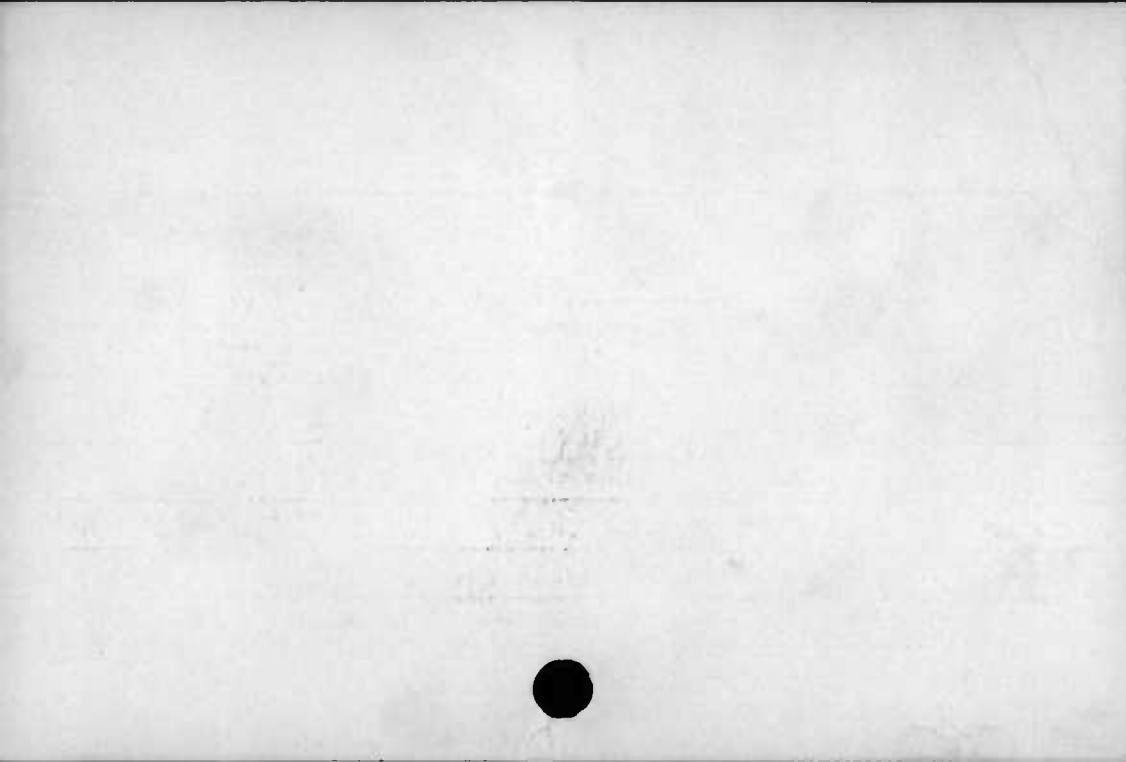
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arundel</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>18</i>	Years <i>62</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Anne Arundel</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Hendrick</i>				
Father's Name <i>Benjamin Benjamin</i>	Father's Birthplace <i>Ches. Co.</i>				
Mother's Maiden Name <i>Catherine Hendrick</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Joseph Hendrick</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Initial As sufficiency</i>	How long <i>1 1/2 hrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Larry H. M. J.</i>
	Address <i>Anne Arundel</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

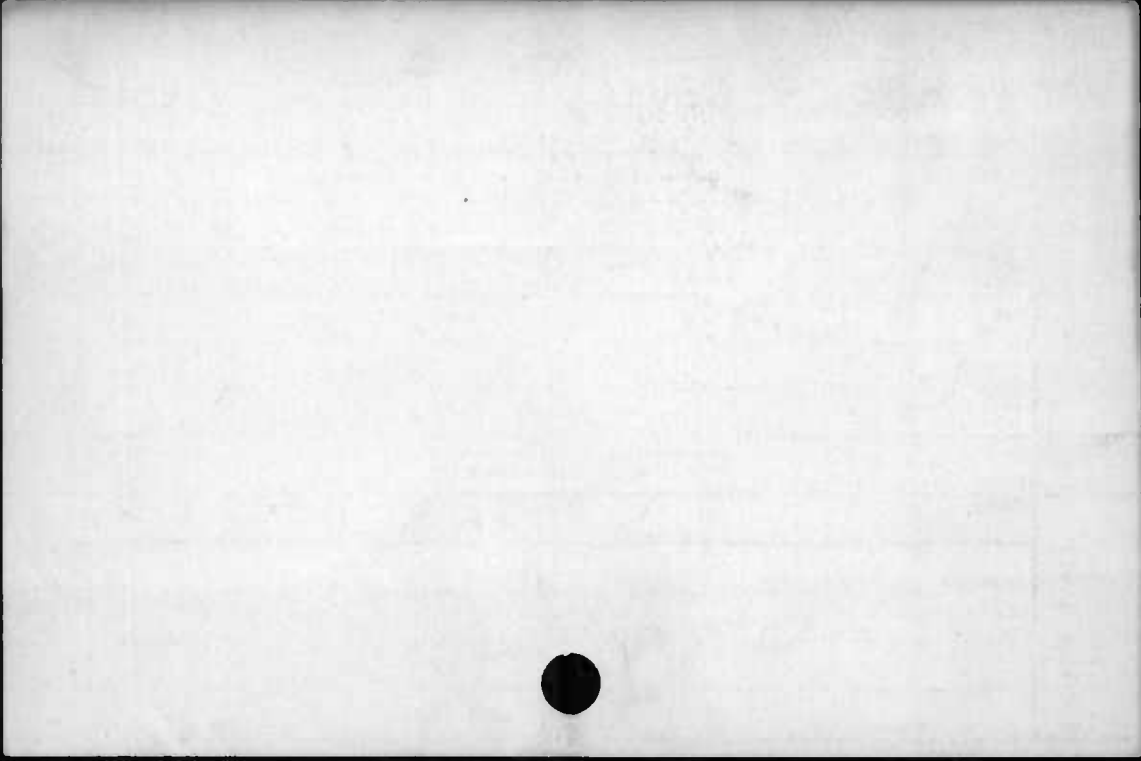
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladenburg</i> Town		<i>Prince Geo</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Mar</i>	Day <i>11</i>	Age <i>about 73</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>retired laborer</i>		Birth-place	<i>Don't know</i>	
Married, Single or Widowed <i>—</i>			Where Residing if not at place of death <i>—</i>		
Name of Wife or Husband <i>—</i>			Father's Birthplace <i>—</i>		
Father's Name <i>Don't know</i>			Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>" "</i>			How related to deceased <i>step Daughter</i>		
Name of parson giving information <i>Lufenia L Joyce</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>Probably 2 months</i>
Immediate	<i>Heart trouble (Stenosis)</i>	How long	<i>Probably 2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V. H. Kelly</i>	
		Address <i>Hyattsville Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

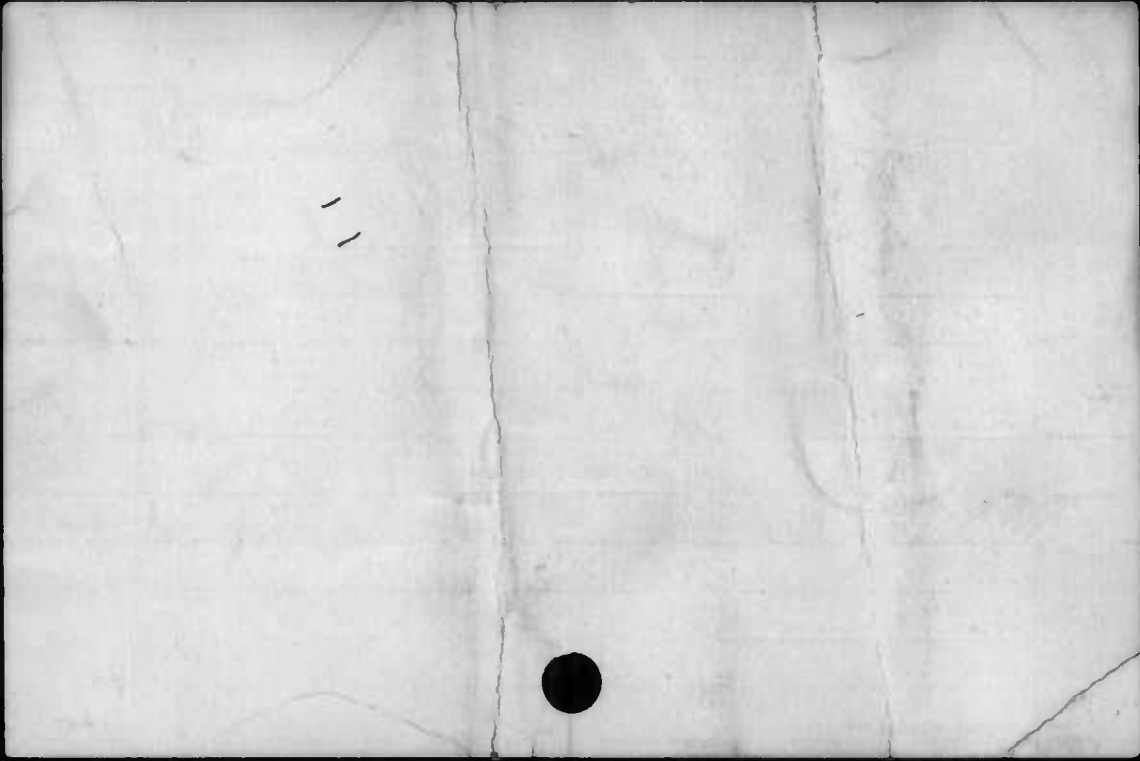
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Edward MacKay</i>		Town <i>Riversdale</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>20</i>		Years <i>36</i>	
Date of death <i>1906</i>		Months <i>8</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Texas</i>			
Occupation <i>Furniture finisher</i>		Where Residing if not at place of death <i>Riversdale Md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Catherine MacKay nee Powell</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>J. Powell</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 wks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Baker</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

David Martin

CERTIFICATE OF DEATH

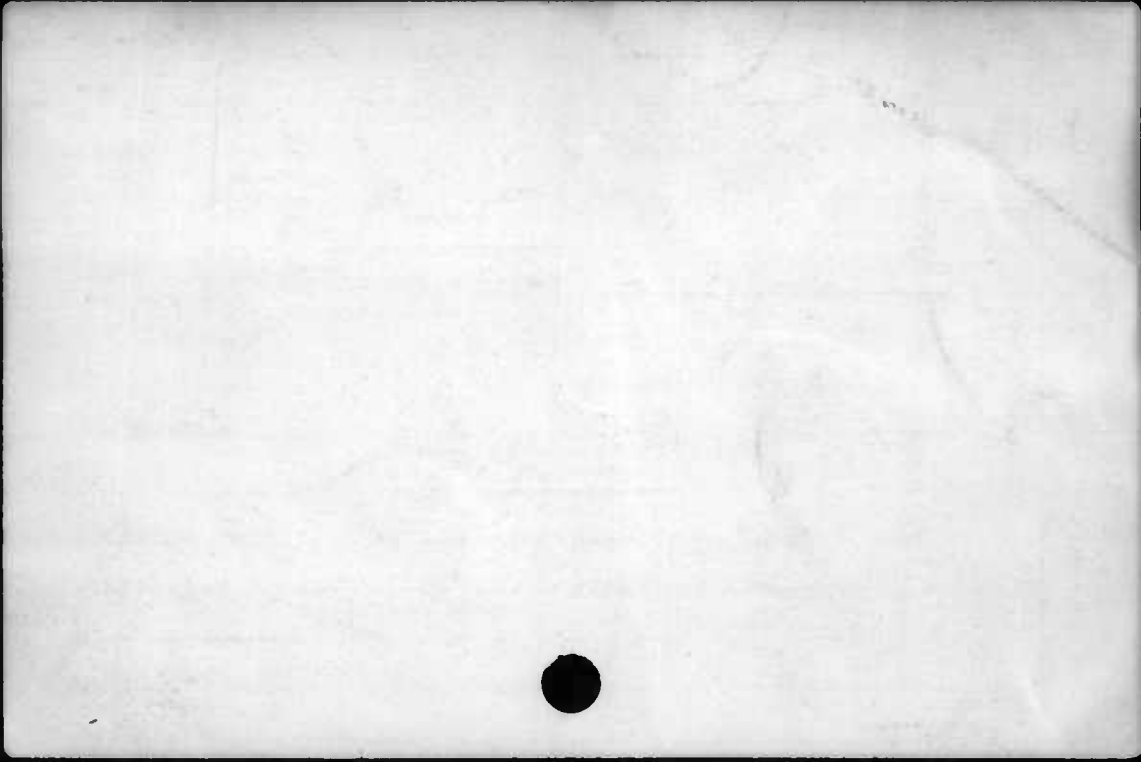
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>March</i>	Day	<i>9</i>
		Age	<i>73</i>	Years	<i>✓</i>
Sex	<i>male</i>	Color or Race	<i>colored</i>	Birth-place	<i>Va</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Mary Martin</i>			
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>" "</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>John Martin</i>			How related to deceased	<i>son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Grip</i>	How long	<i>six weeks</i>
Immediate	<i>Bronchitis</i>	How long	<i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>T. S. Willis</i>
		Address	<i>1425 14th St. N.W.</i>
Accident or Suicide?		<i>Med.</i>	



Name
in
Full

Susan Meade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Rosecraft Town		Pr. Geo. County		MARYLAND			
Date of death		1906	Month 3	Day 21	Age —	Years —	Months 2	Days —	
Sex		Female		Color or Race		Colored		Birth-place	Md
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				George S. Meade				Father's Birthplace	Md
Mother's Maiden Name				Ola Bowles				Mother's Birthplace	"
Name of person giving information				Clarence Tanner				How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Convulsions		How long	2 weeks
Immediate	Inanition		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			E. P. Simpson M.D.	
			Address	
			Rosecraft. Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Naylor

Town

County

Died at

Westwood

Prince George

MARYLAND

Date

of death 190

6

Month

3

Day

5

Age

Years

71

Months

3

Days

3

Sex

Male

Color or
Race

White

Birth-
place

P. G. Co. Md.

Married, Single
or Widowed

Single

Occupation

Farmer

Name of Wife or
HusbandFather's
Name

Thomas Naylor

Father's
BirthplaceMother's
Maiden Name

Miss Naylor

Mother's
BirthplaceName of person giving
information

John W. Jackson

How related
to deceased

nephew

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. Mortimer Bowen

Address

Piquette, Md.

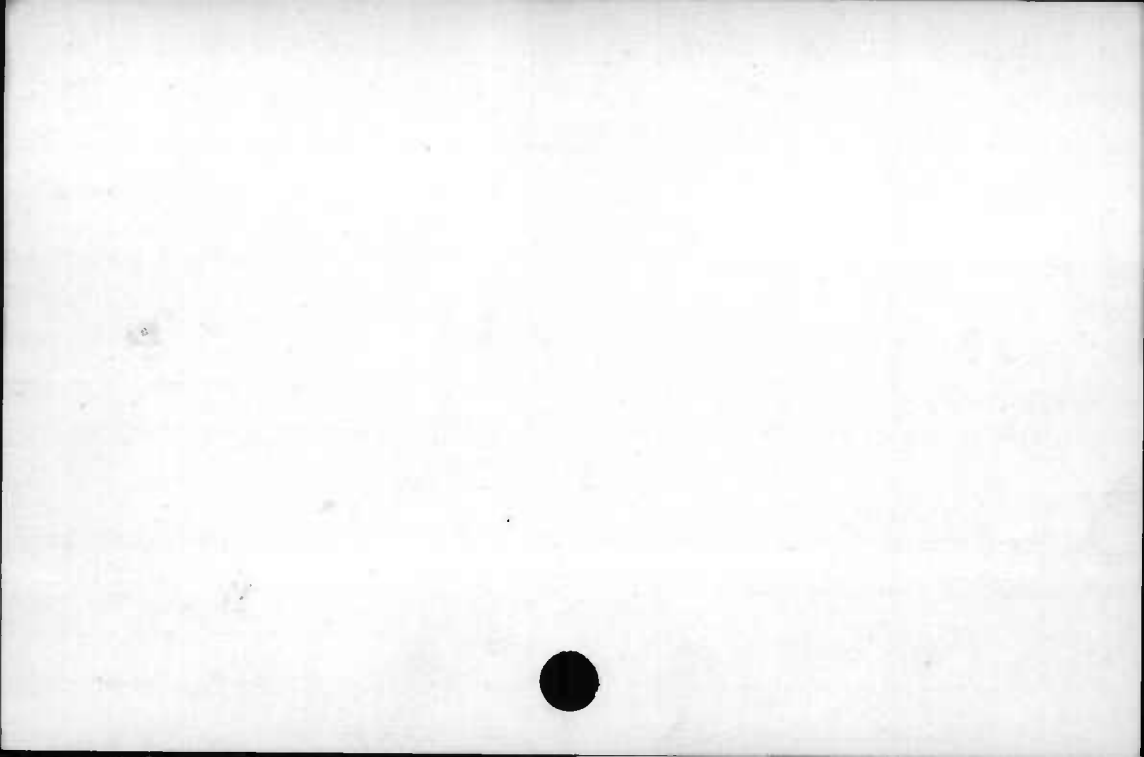
Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name in Full		William Newman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Prince George		MARYLAND	
	Date of death	1906	Month 3	Day 10	Age 3	Years 3	Months 9
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	-		Where Residing if not at place of death		-	
	Married, Single or Widowed	-		Name of Wife or Husband		-	
	Father's Name	James Newman				Father's Birthplace	Md
PHYSICIAN OR CORONER	Mother's Maiden Name	Sallie Lyles				Mother's Birthplace	"
	Name of person giving information	James Lyles				How related to deceased	Half-brother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Whooping Cough (4)				How long	3 wks
	Immediate	Broncho-Pneumonia				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Harry Haller	
					Address	Annapolis, Md	
Accident or Suicide?							



Name
in
Full

Sarah E. Pritchard

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Baltimore

Date

1906

Month

3

Day

12

Age

Years

5-5-

Months

6

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Housewife

Where Residing if not
at place of death

Laurel, Md

Married, Single
or WidowedName of Wife or
Husband

C. A. Pritchard

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Acute Nephritis

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Agnes Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		3	8	23		9	
Sex	Female		Color or Race	Colored		Birth-place	Md.
Occupation	Servant.			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Francis Proctor				Father's Birthplace	Md
Mother's Maiden Name		Sarah Butler				Mother's Birthplace	"
Name of person giving information		Charles Proctor				How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Emaciation & Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. P. Simpson M.D.	
Address		Rosecroft Md.	
Accident or Suicide?			



Name
in
Full

Valgine Ransom

CERTIFICATE OF DEATH

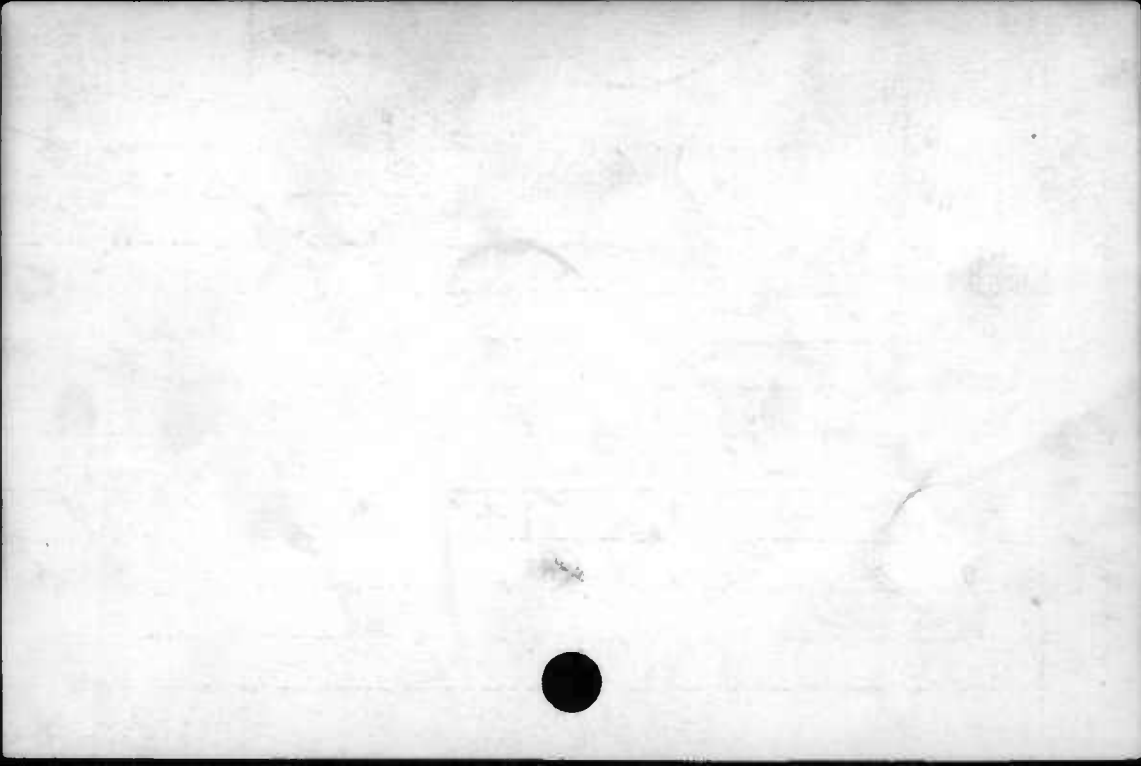
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bladensburg		Prince Georges		MARYLAND	
Date of death	1906	Month	March	Day	29	Age	7 29
Sex	Girl		Color or Race	Colored		Birth-place	Bladensburg
Occupation	Baby		Where Residing if not at place of death		Bladensburg		
Married, Single or Widowed	Single		Name of Wife or Husband		L		
Father's Name	John W Ransom		Father's Birthplace		N.C.		
Mother's Maiden Name	Bessie Burt		Mother's Birthplace		N.C.		
Name of person giving information	John & Bessie Ransom		How related to deceased		Parents		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Capillary Bronchitis	How long	2 days
Immediate	congestion of lungs	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		YES	
Signature of Physician		V. L. Perry	
Address		Hyattsville	
Accident or Suicide?			



Name in Full **John S Rawlings**

CERTIFICATE OF DEATH

MARYLAND

Died at **North Keys** Town **Pr Geo** County

Date of death **1906** Month **March** Day **20** Age **58** Years Months Days

Sex **Male** Color or Race **White** Birth-place **Ind**

Occupation **Clerk** Where Residing if not at place of death

Married, Single or Widowed **Widower** Name of Wife or Husband

Father's Name **John V.P. Rawlings** Father's Birthplace **Ind**

Mother's Maiden Name **Delia Perrie** Mother's Birthplace **"**

Name of person giving information **Jas M Rawlings** How related to deceased **Son**

CAUSES OF DEATH

Primary **Typhoid Fever** **(1)** How long **4 weeks**

Immediate

Are the name, age, sex, color, date and place correctly given above? Signature of Physician **Wm H Gibbons**

Address **Croft Ind**

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Richardson

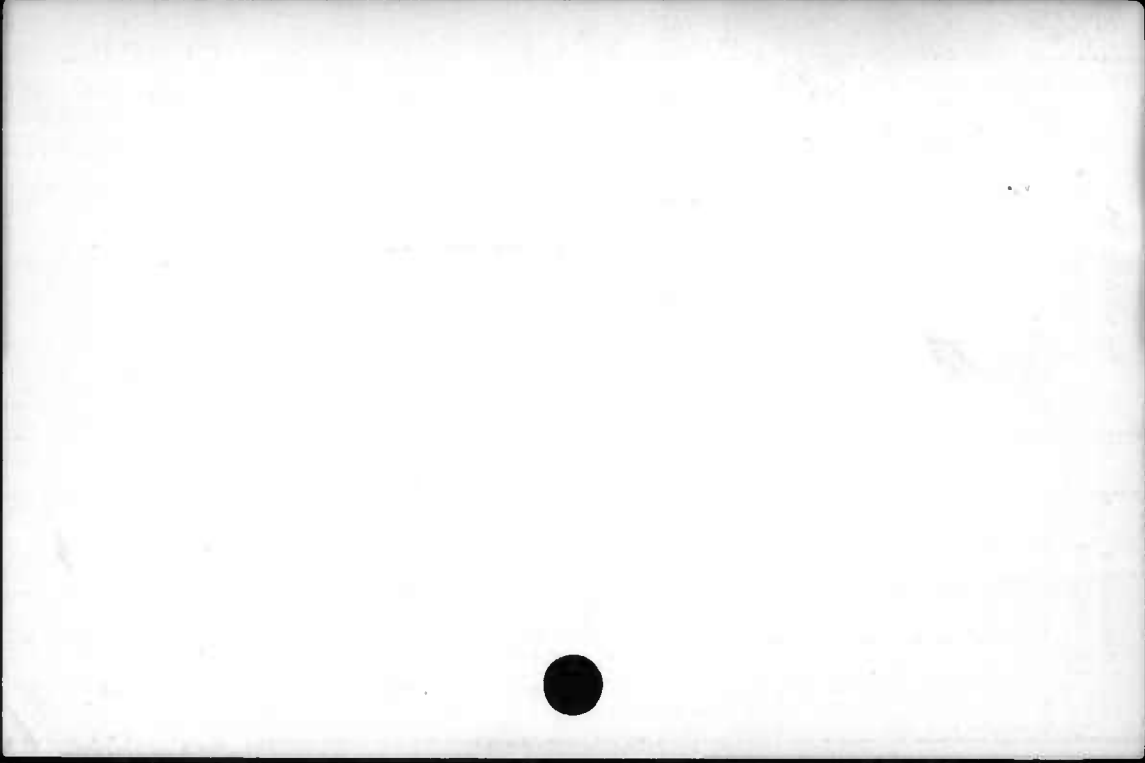
CERTIFICATE OF DEATH

Died at <i>Forestville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>3</i>	<i>6</i>	Age	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>md</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Pembroke Richardson</i>	Father's Birthplace	<i>md</i>		
Mother's Maiden Name	<i>Roscoe Haynes</i>	Mother's Birthplace	<i>md</i>		
Name of person giving Information	<i>Pembroke Richardson</i>	How related to deceased	<i>Father</i>		

CAUSES OF DEATH

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate	<i>Still Born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>May Raguly</i>
		Address	<i>Mid wife</i>
Accident or Suicide?	<i>Neither</i>		<i>Seat Pleasant md.</i>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Oak Grove		^{County} Prince George		MARYLAND	
Date of death	1906	Month	13	Day	25
Age		Years	43	Months	—
Sex	male	Color or Race	White	Birth-place	Ind.
Occupation		Where Residing if not at place of death			
Storekeeper		—			
Married Single	Single	Name of Wife or Husband			
Father's Name		W W Smith		Father's Birthplace	Ind.
Mother's Maiden Name		Anna M Smith		Mother's Birthplace	—
Name of person giving information		James Vernon		How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication of disease	How long	2 yrs
Immediate	Heart failure Sudden	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John E. Sausbury, M.D.	
Address		Fonstville Ind.	
Accident or Suicide?		Neither	



Name
in
Full

Alice Stonell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hyattsville ^{Court} Prince George MARYLAND

Date of death 1906 March 10 Age — Months — Days 10

Sex Female Color or Race white Birth-place M.D.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

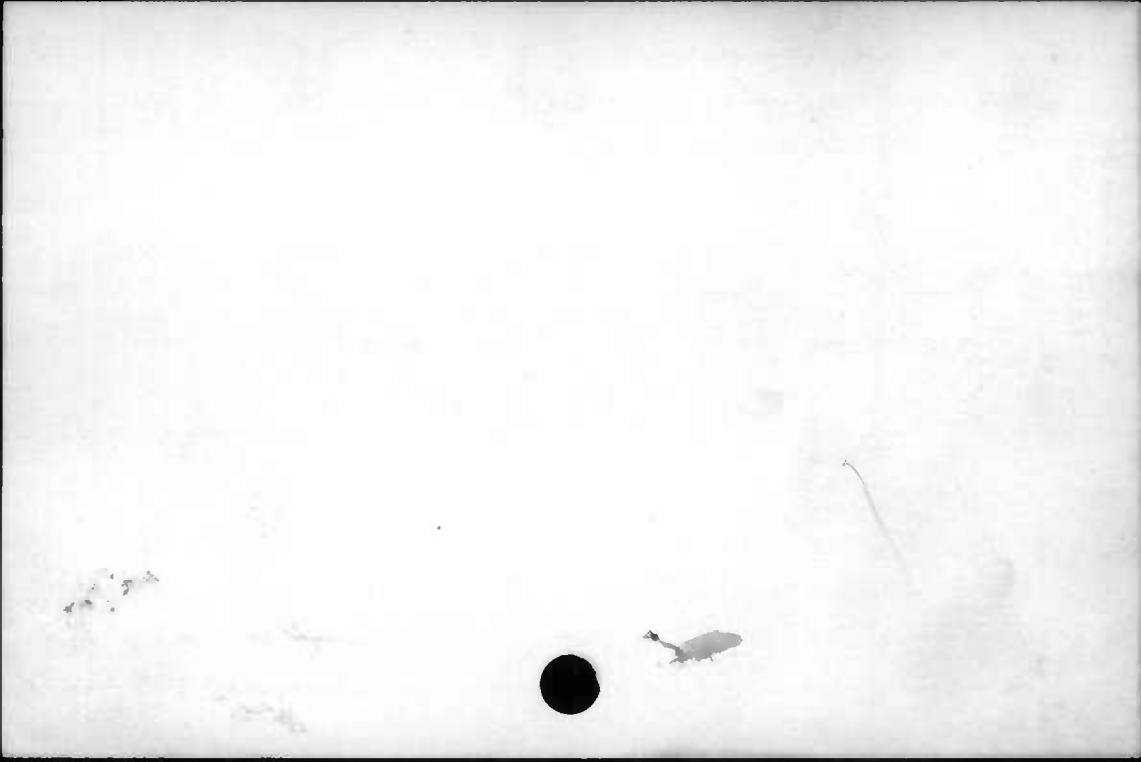
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

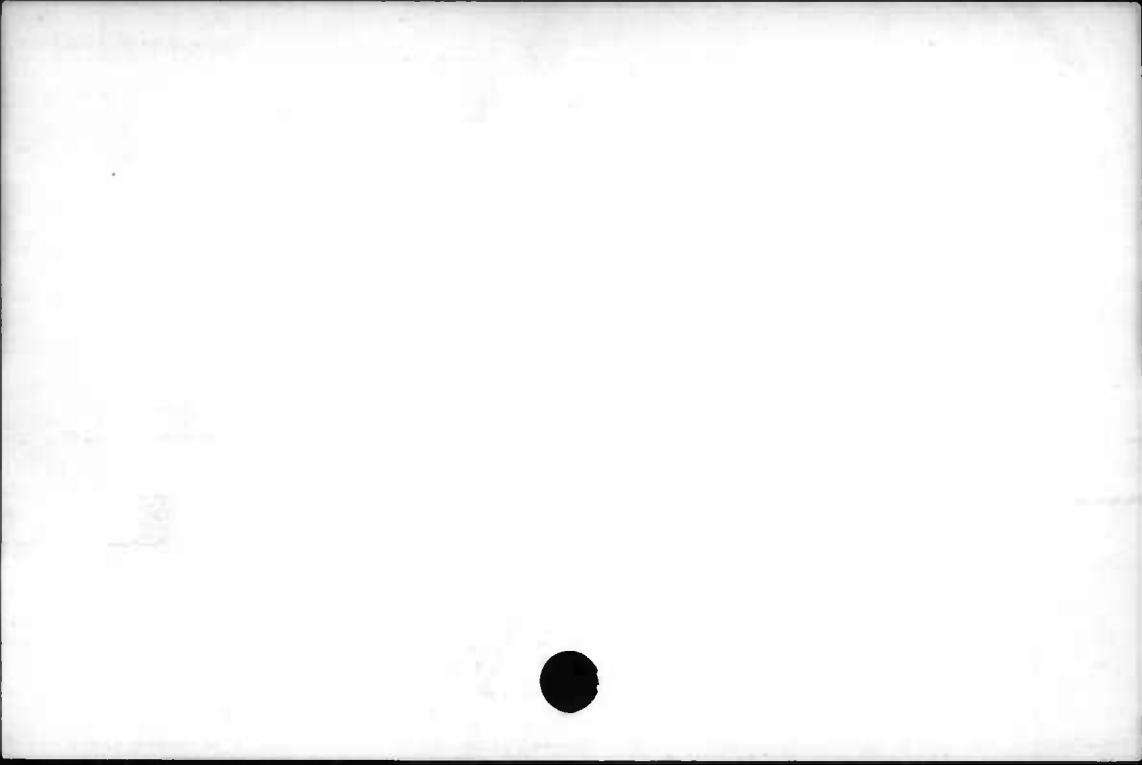
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John T. Tippet</i>		Town <i>Prince</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Prince</i>		Date of death 190		Age		Months	
Month <i>3</i>		Day <i>29</i>		Years <i>67</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Prince</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband							
Father's Name <i>J. T. Tippet</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Fletcher Tippet</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	(20)	How long
Immediate <i>trauma</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Morton Bowen</i>	
	Address <i>Aquasco</i>	
Accident or Suicide? <i>no</i>	<i>Prince George Co. Md.</i>	



Name
in
Full

Susan Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lakeland

Town

Prince Georges

County

Date

of death 1906

Month

March

Day

10

Age

Years

44 18 1/2

Months

10 December

Days

17 1/2

Sex

Female

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

John Walls

Father's
Birthplace

Virginia

Mother's
Maiden Name

Genie West

Mother's
Birthplace

Virginia

Name of person giving
In formation

Nannie Johnson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

About 2 years

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

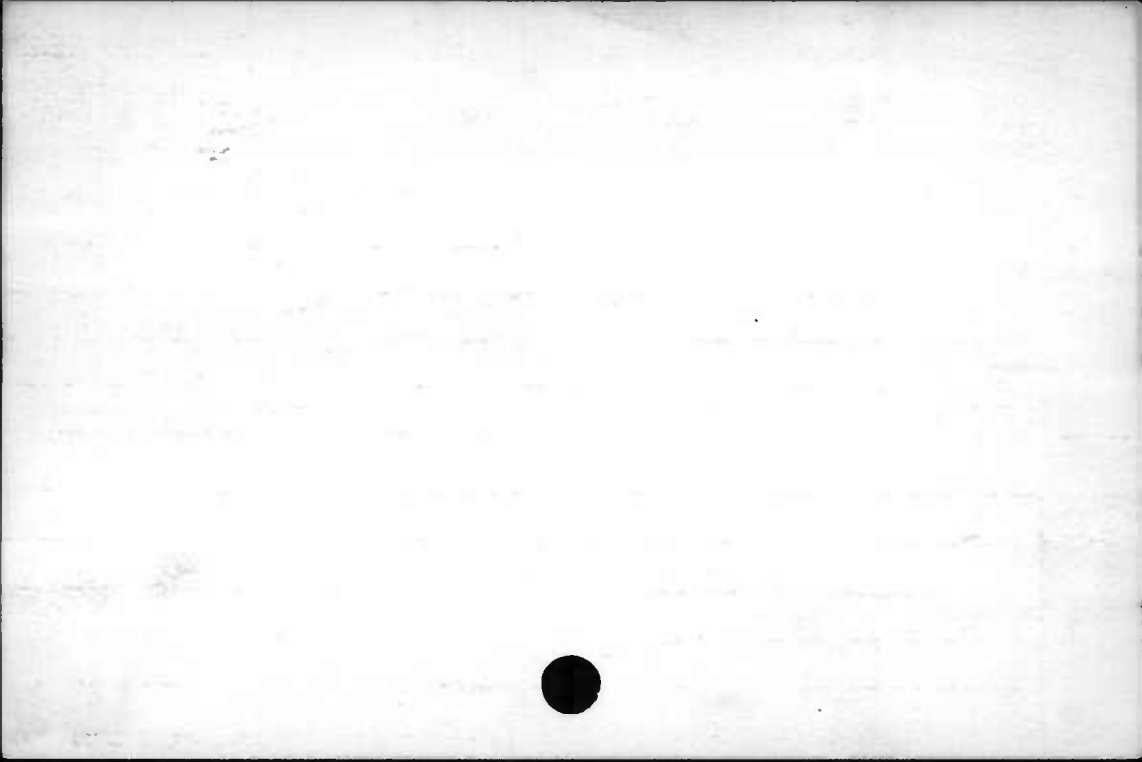
R. T. E. E. E.

Address

Baltimore Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ellen Francis Woodrow

CERTIFICATE OF DEATH

Died at ^{Town} Forestville ^{County} Prince George MARYLAND

Date of death 1906 3 26 Age 35 8 18

Sex Female Color or Race Colored Birth-place Md.

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Sandy Woodrow Father's Birthplace Md.

Mother's Maiden Name Muffie Smith (179) Mother's Birthplace Md.

Name of person giving information John Woodrow How related to deceased Brother

CAUSES OF DEATH

Primary Complication of diseases How long 3 yrs

Immediate General Debility - How long 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John E. Sanborn, M.D.

Address Forestville Md.

Accident or Suicide? neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

